2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000333

1. Entity Name

INDIAN LAKE INVESTMENTS, L.C.

Principal Place of Business	Mailing Address
7525 N.W. 8 STREET. SUITE 201 MIAMI FL 33126	7525 N.W. 8 STREET. SUITE 201 MIAMI FL 33126

2. Principal Place of Business 6500 N.W. 72 Avenue	**3. Mailing Address** 6500 N.W. 72 Avenue	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State Miami, Florida	City & State Miami, Florida	**4. FEI Number** 65-0741968	Applied For Not Applicable

Zip 33166	Country USA	Zip 33166	Country USA	**5. Certificate of Status Desired** ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
LAGE, GONZALO M 7525 N.W. 8 STREET, SUITE 201 MIAMI FL 33126 NEW	Name **SAME REGISTERED AGENT** Street Address (P.O. Box Number is Not Acceptable) **6500 N.W. 72 Avenue** City **Miami** **FL** Zip Code **33166**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

100004218951---3
-05/15/01--01146--018
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES		
TITLE MGRM NAME COHEN, MARK D STREET ADDRESS 4000 HOLLYWOOD BLVD STE 485 S. CITY-ST-ZIP HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE MGRM NAME LAGE, GONZALO M STREET ADDRESS 7525 N.W. 8 STREET, SUITE 201 CITY-ST-ZIP MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE MGRM NAME CHALBAUD, LUIS RAMON STREET ADDRESS 520 BRICKELL DRIVE, #1007 CITY-ST-ZIP MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Gonzalo M. Lage, Managing Partner   4/25/01   (305) 436-9787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #